MAINE DEPARTMENT OF LABOR	
Bureau of Unemployment Compensation	

WEEKLY REQUEST FOR ALLOWANCES FOR TAA/TRA/NAFTA UNDER TRADE ACT, AS AMENDED (Travel Only)

	Worker's Name and Mailing Address				Che	ck Here		Social Security No.		
						New lress	Week End	ing Date (Saturo	lay)	
RF	MARKS:					i e	FOR OF	FICE USE ONI	·V	
112						C				D
						S	Period MM/D	D Sect. of	Law	Dec
TC	BE COMPLETE	D BY STUDEN	T – ANSWER	ALL QUESTIO	NS TRU	THFULL	Υ			
1.	Did you attend app If "NO," explain w			the week claime	d?				YES	□NO
2.	Have you applied week claimed?								YES	□NO
	If "YES," Name of	f Program		Date Re	ceived		Amou	nt Received \$_		
3.	. Other than Maine TRA or Maine UI, have you filed, intended to file, or received unemployment insurance under any other state or federal program for the week claimed?									
4.	If your telephone r	number has chan	ged, please ente	r here:						
5.	TRAVEL AND SUBSISTENCE: Are you eligible for daily travel allowances or subsistence? YES NO If "YES," please check box(es) when you used your own vehicle or nights away from residence. If "NO," do not check boxes.									
		Sunday	Monday	Tuesday	Wedne	sday	Thursday	Friday	Sat	urday
Da	ily Travel									
	me of School tended									
Sul	bsistence									
un	STUDENT CERTI derstand the law an titled. I authorize o	nd that penaltie	s are provided	for willful misro						
Sig	gn Here						Date			
3.7	. ETA 050A (1) (W	(-1.) (00/201					CONT		ar ved o	T

TO BE COMPLETED BY TRAINING FACILITY (Check whether attended or absent)

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	Sunday	Sunday Monday	Sunday Monday Tuesday	Sunday Monday Tuesday Wednesday	Sunday Monday Tuesday Wednesday Thursday	Sunday Monday Tuesday Wednesday Thursday Friday

2.	Number of days scheduled for training	r _	

✓ TRAINING FACILITY CERTIFICATION: THE ABOVE INFORMATION IS IN ACCORDANCE WITH OUR RECORDS. Statements made by the student appear to be complete and correct to the best of my knowledge

1 st School		-	2 nd School		
Name of Training Facility			Name of Training Facility		
Name of Training Official (Print or Type)			Name of Training Official (Print or Type)		
Signature of Training Official	Date		Signature of Training Official	Date	

MAIL THIS FORM TO:

Maine Department of Labor Bureau of Unemployment Compensation Special Program Unit 47P State House Station Augusta, ME 04333-0047 **QUESTIONS?**

Call: (207) 621-5101 Fax: (207) 287-3395

TTY Users Call Maine Relay 711